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[Book Review of] *The Doctor As Judge of Who Shall Live and Who Shall Die*, by Helmut Thielicke

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the neurological concepts and philosophy propounded by Professor Percival Bailey would have been appropriate. The addition of such an article or overview authored, for example, by an eminent neurologist of the stature of Harvard's Norman Geschwind would have added immeasurably to the balance and value of this book.

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—Vernon H. Mark, M.D., F.A.C.S., Director
Neurosurgical Service, Boston City Hospital

The Doctor As Judge of Who Shall Live and Who Shall Die

Helmut Thielicke

Fortress Press, 2900 Queen Lane, Philadelphia 19129, 1976. 41 p., \$1.00.

Dr. Thielicke first presented this material in 1968 at the University of Hamburg where he was rector and professor of Systematic Theology. He then gave this lecture in English at an international conference on Ethics in Medicine at the Texas Medical Center (Houston) which appeared in *Who Shall Live? Medicine, Technology, Ethics* (Kenneth Vaux ed., Fortress Press 1970). It now appears separately as a contribution to the current discussion of legal, medical, and ethical issues surrounding the use of "extraordinary means."

Thielicke is best on the level of the foundations of classical Protestant ethics, for example, in arguing that ethics must begin with a theological understanding of the nature, destiny, and "alien dignity" of man. He clearly illustrates the Protestant viewpoint on original sin as an existential guilt such that any human (and therefore, ethical) decision will be tinged with evil consequences, especially those decisions aimed at transcending the human condition.

Thielicke's work also reflects the limitations of a tradition critical of and inexperienced in casuistry. Turning to practical issues of the goals and limits of medical intervention, he wanders over and around such questions as genetic manipulation, allocation of resources, and organ transplants. His arguments for a new definition of death and for separate physicians for donor and recipient are unfortunately already dated. But even more unfortunate are his conclusions for systematic global approaches to health problems, such as enforced eugenic sterilization which betray a totalitarian mentality in fundamental conflict with the revealed nature and destiny of man. In short, this one small work reflects

both the strengths and the weakness of one outstanding living Protestant theologian.

—Edwin L. Lisson, S.J., S.T.D.

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Aims and Motives in Clinical Medicine

Brian P. Bliss and Alan G. Johnson

Pitman Medical Publishing Company, Ltd., 6 E. 43rd St., New York, N. Y., 10017, 1975. 188 p., no price given.

The British surgeon co-authors subtitled this thoughtful book: "A practical approach to medical ethics." It is just that. Not long on theory, it is geared to assisting the physician and his co-workers in making the difficult decisions confronting them in the practice of medicine. This emphasis is at once the strength and the weakness of the authors' treatment of their subject.

The strength is most apparent in the solidity provided by the substantial number of clinical cases and the guidelines offered for their solution. It is the physician's duty, they assert, "to reflect upon his behaviour, to exercise humility and self-examination" (p. 29). The physician does so by applying guidelines generated from a series of questions he is to ask himself. These questions involve a clarification of the issues, the nature of aims and methods (ends and means), and an honest look at the long-term results.

Important medical problems are examined in the light of these same guidelines. Individual chapters are devoted to abortion, euthanasia, organ transplants, medical research (both therapeutic and purely scientific), doctor-patient communication ("telling the whole truth"), and over-investigation and over-treatment. The concluding chapter treats the question of motivation with the authors making a hortatory appeal for the high idealism needed in the medical profession: "Unless we have someone or something we can respect, a humility before something or someone greater than ourselves, to stimulate and protect our idealism, we shall fall prey to self-interest again and again" (p. 172).

The weakness of the book is the absence of any argument for objective norms of morality. What are the grounds for the doctor's judgment of right or wrong, good or evil? When the physician is advised to ask, "Is the method we choose to put the aim into practice morally right?," what is to prevent quite different answers from different physicians? The authors acknowledge that the answer will depend on one's view of the nature of man; the scientific humanist's answer will differ radically from the Christian's. (The sympathies of the authors, incidentally, seem engaged with the Christian view of man.) The reluctance to assert norms is particularly disappointing. The crises in the years ahead will occur because Judeo-Christian-based ethics are being eroded. (One need not look far for illustration; witness the U.S. Supreme Court rulings on abortion.) The sanctity of *all* human life is being sacrificed in the interests of the quality of human life for *some*.

The authors should not really be faulted for not writing a superlative book. The book they have written can be helpful for people in the health fields. It just may be that a more suasive, theoretical treatise on the philosophical and religious grounds of morality would meet a more critical and long term need.

—Robert G. Gassert, S.J.
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